

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

PAD 05554 26253

I. NAME OF INSTALLATION

BEARING SERVICE CO

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

500 DARGAN

CITY OR TOWN

ST.

ZIP CODE

PITTS

PA 15224

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP

(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

☐ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

☒

Is this your first or subsequent notification?

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

DESCRIPTION OF HAZARDOUS WASTE

(enter the appropriate number to indicate the required information)

C. INSTALLATION'S EPA I.D. NO.



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ PAD 055542625

INSTALLATION ADDRESS

Busin, Anthony Plt Mgr
Bearing Service Co
500 Dargan St
Pittsburgh, PA 15224

500 Dargan St
Pittsburgh, PA 15224

PA0055542625

Pennsylvania Department of Environmental Resources

BUREAU OF SOLID WASTE MANAGEMENT
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

7M-63: Rev. 3/82

I. INSTALLATION'S EPA I.D. NUMBER PA0055542625									
II. NAME OF INSTALLATION BEARING SERVICE CO.									
III. INSTALLATION MAILING ADDRESS									
STREET OR P. O. BOX									
500 MORGAN ST.									
CITY OR TOWN							ST.	ZIP CODE	
PITTSBURGH							PA	15224	
IV. LOCATION OF INSTALLATION									
STREET OR ROUTE NUMBER						MUNICIPALITY			
SAME						CITY OF PITTSBURGH			
CITY OR TOWN				ST.	ZIP CODE		COUNTY		
SAME				+	SAME		ALLEGHENY		
V. INSTALLATION CONTACT									
NAME AND TITLE (last, first, & job title)								PHONE NO. (area code & no.)	
BUSIN ANTHONY — PLANT MANAGER								412 621 7300	
VI. OWNERSHIP									
A. NAME OF INSTALLATION'S LEGAL OWNER									
JACOB BANKS									
B. TYPE OF OWNERSHIP (enter the appropriate letter into box)									
F = FEDERAL M = NON-FEDERAL M									
27 Nov 85									
VII. SIC CODES (4-digit in order of priority)									
A. FIRST					C. THIRD				
35162 (specify) BALL & ROLLER BEARINGS					(specify)				
B. SECOND					D. FOURTH				
(specify)					(specify)				
VIII. TYPE OF HAZARDOUS WASTE ACTIVITY									
<input checked="" type="checkbox"/> A. GENERATION <input type="checkbox"/> C. STORE <input type="checkbox"/> E. TRANSPORTATION (COMPLETE ITEM IX) <input type="checkbox"/> G. REUSE, RECYCLE, RECLAIM <input type="checkbox"/> B. TREAT <input type="checkbox"/> D. DISPOSE <input type="checkbox"/> F. PERMIT BY RULE <input type="checkbox"/> H. OTHER (specify):									
IX. MODE OF TRANSPORTATION (reporters only)									
<input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input checked="" type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify):									
X. EXISTING ENVIRONMENTAL PROGRAM PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
N/A					N/A				
B. UIC (Underground Injection of Fluids)					E. SOLID WASTE				
N/A					N/A				
C. RCRA (Hazardous Wastes)					F. OTHER (specify)				
N/A					N/A				
XI. TYPE OF NOTIFICATION									
Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS).									
<input checked="" type="checkbox"/> A. FIRST NOTIFICATION <input type="checkbox"/> C. DELETION OF A WASTE <input type="checkbox"/> E. DELETION OF AN ACTIVITY <input type="checkbox"/> B. CHANGE OF GENERAL INFORMATION <input type="checkbox"/> D. ADDITION OF A WASTE <input type="checkbox"/> F. ADDITION OF AN ACTIVITY									

CONTINUE ON REVERSE

XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 575.261(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001		3		4		5		6
7		9		10		11		12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 575.261(h)(3) each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 N/A	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 575.261(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U226	32	33	34	35	36
37 U210	38	39	40	41	42
43	44	45	46	47	48

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 575.261(g)(2) through (5))

☐ 1. IGNITABLE

☐ 2. CORROSIVE

☐ 3. REACTIVE

☐ 4. EP TOXIC.

XIII CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Anthony Busin

NAME and OFFICIAL TITLE (Type or Print)

ANTHONY BUSIN - PLANT MANAGER

DATE SIGNED

11/21/85

FOR OFFICIAL USE ONLY

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

NAME OF INSTALLATION

INSTALLATION MAILING ADDRESS

LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprint label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprint label, complete all items. "Installation" means single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

PAD 0555426253

I. NAME OF INSTALLATION

BEARING SERVICE CO

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

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PITTS

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NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

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A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

IS THIS YOUR FIRST OR SUBSEQUENT NOTIFICATION?

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

DESCRIPTION OF HAZARDOUS WASTE

Provide the following information:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT
GENERATORS - PART A

Date of Inspection 26 AUG 94 Time start 1:00 P Time finish 3:45 P
Name of Inspector B. CUNNINGHAM D. CHUZIE
Company, installation name BEARING SERVICE COMPANY
Location 500 DARGAN STREET PITTSBURGH, PA 15224
County ALLEGHENY Municipality CITY OF PITTSBURGH
Identification number PA D 055542625
Name of responsible official ROBERT BANKS
Title PLANT MANAGER
Mailing Address _____
Area code and telephone number (412) 621-7300
Name of person interviewed _____
Title _____
Mailing address (if different from above) _____
Area code and telephone number _____

1. Current waste handling method:

- a. ☐ On-site ☐ treatment, ☐ storage, ☐ disposal ☐ PBR
b. ☐ On-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim
c. ☒ Off-site ☐ treatment, ☐ storage, ☒ disposal
d. ☐ Off-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

2. Amount of hazardous waste produced:

- a. < 2200 ^{lbs.} kg./mo.
b. _____ kg./yr.

3. Types of hazardous waste produced by Hazardous Waste Number and destination facility (include location and type).

Waste Number	Destination Facility	Location and Type
(SEE COMMENTS)		

4. Source Reduction: ☒ accomplished, ☐ proposed, ☐ not proposed

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS - PART B

Site Name BEARING SERVICE CO. ID Number PAB055542625 Date 26 AUG 94

Hazardous Waste Inspection Report
Generators - Part B

1-No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

STATUS				REQUIREMENT	CHAPTER CITATION	LINE ITEM
1	2	3	4			
X				Hazardous waste determination, performed on all waste streams	262.11	H001
X				Identification number	262.12	H002
X				Hazardous waste shipments offered only to licensed transporters	262.12(d)	H003
X				Authorization received from TSD facility for wastes shipped off-site within PA	262.13	H004
X				PA manifest used for intrastate shipments	262.20(b)	H005
X				TSD state manifest or PA manifest used for out-of-state shipments	262.20(c)	H006
X				Manifests filled out properly and completely	262.20(g)	H007
X				Manifests routed properly and within time limits (7 days)	262.23(e)(f)	H008
		X		Proper U.S. DOT shipping containers or packages being used	262.30(1)	H009
		X		Shipping containers marked and labeled according according to U.S. DOT	262.30(2)	H010
		X		Containers of 110 gal. or less permanently marked with required hazardous waste label	262.30(3)	H011
		X		Placards offered to transporter	262.33	H012
X				Waste in containers or tanks accumulated on-site for less than 90 days	262.34(a)(1)	H013
X				Wastes placed in containers properly marked and labeled or in tanks meeting requirements of Chapter 265, Subchapter J	262.34(a)(2)	H014
		X		Containers managed in accordance with Chapter 265, Subchapter I (any non-compliance for Subchapter I requirements is a violation of 262.34(a)(3))	262.34(a)(3)	H015
		X		a). All containers of haz. waste in good condition	265.171	H016
		X		b). Containers compatible with hazardous waste being stored within	265.172	H017
		X		c). Containers of hazardous waste kept closed	265.173(a)	H018
		X		d). Containers of hazardous waste are managed to prevent leaks	265.173(b)	H019
		X		e). Containers of hazardous waste labelled to accurately identify contents	265.173(c)	H020
		X		f). Haz. waste accumulation areas inspected at least weekly	265.174	H021
		X		g). Special requirements for ignitable, reactive and incompatible waste being met	265.176 - .177	H022
		X		h). Proper containment and collection system(s)	265.178	H023
		X		Containers clearly marked with accumulation date and visible for inspection	262.34(a)(4)	H024
		X		On the job or classroom personnel training program as per 265.16	262.34(a)(5)	H025

**Hazardous Waste Inspection Report
Generators - Part B**

1-No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

STATUS				REQUIREMENT	CHAPTER CITATION	LINE ITEM
1	2	3	4			
X				Records retained at designated location for 20 years	262.40(a)	H026
X				Quarterly reports submitted to the Department	262.41(a)	H027
X				Exception reporting procedures followed	262.42	H028
		X		Hazardous waste disposal plan, if required	262.45	H029
		X		Spill reporting procedures followed	262.46(a)	H030
		X		Preparedness, Prevention and Contingency Plan developed and implemented in accordance with Chapters 264 and 265	262.46(e)	H031
	X			Special requirements followed for international shipments	262.50, .53, .55, .60	H032
X				Source reduction strategy prepared and available (SEE COMMENTS)	262.80	H033

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 26 AUG 94 Identification Number PAD055542625Company/Facility/Site Name BEARING SERVICE COMPANY ("BSC")

ON AUGUST 26, 1994 MYSELF AND D. CHUZIE OF PADER CONDUCTED A ROUTINE HAZARDOUS WASTE GENERATOR INSPECTION AT THE PREVIOUSLY REFERENCED FACILITY. WE MET WITH MR. ROBERT BANKS, PLANT MANAGER, TO DISCUSS THE FACILITY'S WASTE MANAGEMENT PRACTICES. DURING THE INSPECTION, I MADE THE FOLLOWING OBSERVATIONS:

- THE FACILITY IS CURRENTLY LISTED AS A LARGE QUANTITY GENERATOR. BASED ON THE INFORMATION PROVIDED TO ME DURING THE INSPECTION, THIS CLASSIFICATION IS NO LONGER ACCURATE.
- THE PRIMARY SOURCE OF HAZARDOUS WASTE HAS HISTORICALLY BEEN THE DEGREASING OPERATIONS INVOLVING 1,1,1-TRICHLOROETHYLENE. BSC HAS CHANGED THE PROCESS IN TWO WAYS:
 - 1.) THE 1,1,1-TRICHLOROETHYLENE HAS BEEN REPLACED BY A PRODUCT KNOWN AS SAGAR BEARING DEGREASER.
 - 2.) THE DEGREASING OPERATIONS ARE NOW BEING CONDUCTED AT COMPANY'S OTHER FACILITY IN DENONA, PA.
- AN ANALYSIS CONDUCTED BY SOUTHDOWN ENVIRONMENTAL SYSTEMS DETERMINED THAT THE SAGAR BEARING DEGREASER HAS A FLASHPOINT $>140^{\circ}$ AFTER USE. IT IS BEING MANAGED AS A NON-HAZARDOUS RESIDUAL WASTE. (CONT)

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) COPY MAILED TO R. BANKS

Date

Inspector (signature)

Broadley W. Cunningham

Date

27 AUG 94

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 26 AUG 94 Identification Number PAD 055542625
Company/Facility/Site Name BEARING SERVICE COMPANY ("BSC")

AS A RESULT OF THIS INSPECTION I AM RECOMMENDING
THAT "BSC" RENOTIFY AS A SMALL QUANTITY GENERATOR.
WITH THIS REPORT, I HAVE ENCLOSED TWO NOTIFICATION FORMS
WHICH SHOULD BE COMPLETED AND SUBMITTED TO THE
APPROPRIATE ADDRESSES LISTED ON THE DOCUMENTS. THE
RENOTIFICATION SHOULD BE COMPLETED BY SEPTEMBER 15, 1994.
AN ADDITIONAL COPY OF EACH COMPLETED DOCUMENT SHOULD
ALSO BE MAILED TO MY ATTENTION AT THE ADDRESS LISTED
ON MY BUSINESS CARD.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) COPY MAILED TO R. BAWES Date _____

Inspector (signature) Bradley W. Cunningham Date 27 AUG 94

Hazardous Waste Inspection Report
Land Disposal Restriction Supplemental Checklist

1-No Violation Observed				2-Not Applicable	3-Not Determined	4-Non-Compliance
Status				REQUIREMENT		Citation
1	2	3	4			40 CFR Part 268
				Generators		
		X		Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
		X		Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
		X		Dilution not used as a substitute for treatment.		3
		X		Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.		7(a)(5), (a)(6)
				Storage Facilities		
				Facility verifies generators classification of waste in accordance with waste analysis plan.		25 Pa Code 265.13(c)
				Containers marked to identify contents and accumulation date.		50(a)(2)
				Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
				Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
				Facility maintains records of documents produced pursuant to LDR requirements.		7(a)(6)
				Treatment Facilities, including PBR and RRR Facilities		
				Dilution not used as a substitute for treatment.		3
				Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.		7(b)
				Certification and/or notification sent with shipments of waste.		7(b)(4), (b)(5), (b)(6)
				Land Disposal Facilities		
				Facility tests wastes received to assure compliance with applicable treatment standards.		7(c)(2)
				Facility land disposes of restricted waste only if it meets applicable treatment standard.		40
				Facility retains copies of generator notifications and certifications.		7(c)(1)

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*****
*                               RCRIS: Notification View Screen 2 of 6                               *
*****
*EPA Id: PAD055542625      Other Id:                               Merge Send: Y                      *
*Date Received(MMDDYY): 071580   Source( N/E/S ): N Non-Notifier Flag:                      *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:          *
*Name of Installation: BEARING SERVICE CO                                                              *
*                               Installation Location Address                                          *
*Streets: 500 DARGAN                                                *
*City: PITTSBURGH                               State: PA      Zip: 15224                      *
*County Code: 003      County Name: ALLEGHENY                                                            *
*                               Installation Mailing Address                                          *
*Streets: 500 DARGAN                                                *
*City: PITTSBURGH                               State: PA      Zip: 15224                      *
*                               Contact Information                                                    *
*   Last Name      First Name      Title      Phone      Address(M,L,O) *
* BUSIN            ANTHONY          PLNT MGR      4126217300      L                      *
*Streets: 500 DARGAN                                                *
*City: PITTSBURGH                               State: PA      Zip: 15224                      *
*Land Type:                                                                    *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit                                          *
*****

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*****
*                               RCRIS: Notification View Screen 3 of 6                               *
*****
* EPA Id: PAD055542625      Other Id:                               Source: N                      *
*                               *                               *                               *
* Owner Sequence Number: 1                                           *
* Ownership: BANKS JACOB                                           Type of Owner: P                      *
*                               *                               *                               *
*                               Address of Owner/Operator                                          *
*                               *                               *                               *
*   Street: OWNERSTREET                                           *
*   City:  OWNERCITY                               State: AK Zip Code 99999                      *
*   Phone: 2155551212                                           *
*                               *                               *                               *
* Current/Previous Indicator: CO Change Date(MMDDYY):          *
*                               *                               *                               *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F5-Curr. Owner      *
* F6-Prev. Owner      F8-Help      F9-First      F10-Next                      *
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*****
*                               RCRIS: Notification View Screen 4A of 6                               *
*****
* EPA Id: PAD055542625      Other Id:                               Source: N                      *
*                               *                               *                               *
*                               RCRA Reg      RCRA Reg      State Reg      State Reg      *
* Waste Activity      Type      Status      Desc      Status      Desc                      *
* -----            - - - - -            - - - - -            - - - - -            - - - - -            *
* HW Generator:      1      R                      *
* HW TSD:                                                    *
* HW Transporter:                                                    *
* Transport Mode: Air:      Rail:      Highway:      Water:                      *

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* . . . Other: *
* HW. Burner/Blender: *
* NHW Used Oil Recycler: *
* ----- *
* Underground Injection Control: *
* Recycler: *
* *
* *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F8-Help *
*****

*****
* RCRIS: Notification View Screen 5 of 6 *
*****
* EPA Id:  PAD055542625  Other Id:      Source:  N *
* *
* Hazardous Waste Codes:  Specific/Non-Specific/Commercial/Chemical *
* *
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* *
*****
*Enter-Continue      F1-Previous Screen      F3-Exit *
*F8-Help      F9-First      F10-Next *
*****
```

**EPA****Notification of
Regulated Waste
Activity**

United States Environmental Protection Agency

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

RECEIVED
Date Received
(For Official Use Only)**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**☐**A. First Notification**☐**B. Subsequent Notification**
(complete item C)**C. Installation's EPA ID Number****II. Name of Installation (Include company and specific site name)****III. Location of Installation (Physical address not P.O. Box or Route Number)**

Street

Street (continued)

City or Town

State

ZIP Code

County Code

County Name

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

Job Title

Phone Number (area code and number)

VI. Installation Contact Address (See instructions)**A. Contact Address**
Location Mailing**B. Street or P.O. Box**

City or Town

State

ZIP Code

VII. Ownership (See instructions)**A. Name of Installation's Legal Owner**

Street, P.O. Box, or Route Number

City or Town

State

ZIP Code

Phone Number (area code and number)

B. Land Type**C. Owner Type****D. Change of Owner Indicator**(Date Changed)
Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☒ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Refractor
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☐
- (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- F 0 0 1

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (type or print)

ROBERT A. BANKS

Date Signed

9-6-94

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED Date Received For Official Use Only JUN 16 1994

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

P A D O 5 5 5 4 2 6 2 5

II. Name of Installation (Include company and specific site name)

B E A R I N G S E R V I C E C O M P A N Y

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

5 0 0 D A R G A N S T R E E T

Street (continued)

City or Town

P I T T S B U R G H

State

ZIP Code

P A

1 5 2 2 4 - 1 8 9 6

County Code

County Name

0 0 3 A L L E G H E N Y

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

5 0 0 D A R G A N S T R E E T

City or Town

P I T T S B U R G H

State

ZIP Code

P A

1 5 2 2 4 - 1 8 9 6

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

B A N K S

R O B E R T

Job Title

Phone Number (area code and number)

P L A N T M A N A G E R

4 1 2 - 6 2 1 - 7 3 0 0

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

☒
☐

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

J A C O B W. B A N K S

Street, P.O. Box, or Route Number

5 0 0 D A R G A N S T R E E T

City or Town

State

ZIP Code

P I T T S B U R G H

P A

1 5 2 2 4 - 1 8 9 6

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month

Day

Year

4 1 2 - 6 2 1 - 7 3 0 0

P

P

Yes

No

X

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)

- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☒ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☒ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☒ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Refractor
☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - Indicate device(s) - Type of Combustion Device

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

2. Corrosive (D002)

3. Reactive (D003)

4. Toxicity Characteristic (D000)

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☒☐☐☐

F001

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State other wastes requiring a handler to have an I.D. number. See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Robert A. Banks

Name and Official Title (type or print)

ROBERT A. BANKS

Date Signed

6-10-94

XI. Comments

4007/del 9/24/94

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1 P1 A1 D1 01 51 51 51 41 21 61 21 51 Date: 9-26-94

FACILITY NAME Bearing Service Company

New Facility Name

Name Change _____

Location of Installation

Street _____

City/Town _____ State _____ Zip _____

County Code _____ County Name _____

Installation Mailing Address

Street _____

City/Town _____ State _____ Zip _____

Installation Contact

Last Name Banks First Robert

Job Title _____ Phone # 412-621-7300

Street _____

City/Town _____ State _____ Zip _____

Ownership

Name of Legal Owner _____

Street 500 Dargan Street

City/Town Pittsburg State PA Zip 15224-1896

Phone # (412) 621-7300 Land Type P Owner Type P

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

Dool Fool

Updated in RCRIS by _____

HST Date 10-5-94
10-14-94

Waste Activity	Type	RCRA Reg. Status	RCRA Reg. Desc.
Generator	<u>3</u>	<u>R</u>	
TSD			
Transporter			
Mode of Transportation:			
Air	Rail	Highway	Water
Other			

Burner/Blender

B Boiler and/or Industrial Furnace (BIF) only.
 D BIF only; Smelter Deferral.
 E BIF only; Small Quantity Exemption claimed.
 N Not a Burner/Blender, Verified.
 X Other Burner/Blender Activity.
 Blank Unverified.

HWF Market to Burner

X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities.
 Blank No activity.

HWF Other Market

X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.

HWF Burner

B Boiler and/or Industrial Furnace.
 X Indication of activity.

OSO Market to Burner

X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.

OSO Other Market

X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).

OSO Burner

B Boiler and/or Industrial Furnace.
 X Indication of Activity.

SO ACT:

Code indicating that the handler is engaged in marketing of specification fuel oil activities.

B Boiler and/or Industrial Furnace.
 X Indication of Activity.

Burner Types

Utility Boiler Industrial Boiler Ind. Furnace

Underground Injection Control

X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.

Recycler:

C Commercial
 R Non-Commercial Recycler
 N Not a Recycler, Verified
 Blank Not a recycler, unverified.

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒
B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

P A D O 5 5 5 4 2 6 2 5

II. Name of Installation (Include company and specific site name)

B E A R I N G S E R V I C E C O M P A N Y

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

5 0 0 D A R G A N S T R E E T

Street (continued)

City or Town

P I T T S B U R G H

State

ZIP Code

P A

1 5 2 2 4 - 1 8 9 6

County Code

County Name

A L L E G H E N Y

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

5 0 0 D A R G A N S T R E E T

City or Town

P I T T S B U R G H

State

ZIP Code

P A

1 5 2 2 4 - 1 8 9 6

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

B A N K S

(first)

R O B E R T

Job Title

P L A N T M A N A G E R

Phone Number (area code and number)

4 1 2 - 6 2 1 - 7 3 0 0

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing
☒

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

J A C O B W. B A N K S

Street, P.O. Box, or Route Number

5 0 0 D A R G A N S T R E E T

City or Town

P I T T S B U R G H

State

ZIP Code

P A

1 5 2 2 4 - 1 8 9 6

Phone Number (area code and number)

4 1 2 - 6 2 1 - 7 3 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

(Date Changed)
Month Day Year



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD055542625

10/17/94

INSTALLATION ADDRESS

BEARING SERVICE CO
500 DARGAN ST
PITTSBURGH, PA 152241896
ROBERT BANKS PLANT MANAGER

500 DARGAN ST
PITTSBURGH, PA 152241896



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

⁺
PAD055542625

09/27/94

INSTALLATION ADDRESS

BEARING SERVICE CO
500 DARGAN ST
PITTSBURGH, PA 152241896
ROBERT BANKS PLANT MANAGER

500 DARGAN ST
PITTSBURGH, PA 152241896

Jan

J. W. Banks

July 15-1980

Mrs Shirley Buckin.
EPA Regional Contact

Dear Mrs Buckin:

Please remove our company,
Beaming Service Co, from your
Hazard Waste list as we have
no materials that fall in this
category -

Thank you -

Sincerely
James W. Banks
President.